
Adult Respiratory Emergencies:

Asthma

I. All Provider Levels

1. Refer to the Patient Care Protocol.
2. Provide oxygen
 - A. 2 - 15 lpm for patients in mild to moderate distress.
 - B. 100% oxygen via NRB for all patients in severe and acute distress.
 - C. If respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.



Note Well: *Signs and symptoms of severe asthma include, but are not limited to;*

- *Speech dyspnea*
- *Pulsus paradoxus*
- *Tachycardia*
- *Decreased oxygen saturation on pulse ox*
- *Agitated*
- *Anxious*
- *Hyperinflation of the chest*
- *Tachypnea with associated accessory muscle use*
- *“Quiet Chest”*

3. Place the patient in position of comfort.
4. Administer 2.5 mg Albuterol Sulfate via nebulizer.

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I. All Provider Levels (continued)

5. If the patient continues to experience significant respiratory distress and shows no improvement from initial nebulizer treatment:

- A. Consider administration of 1:1,000 epinephrine utilizing an auto-injector.



Note Well: Use with caution in the elderly

- B. Consider administration of an additional 2.5 mg Albuterol Sulfate via nebulizer.

6. Initiate advanced airway management with Combi-tube for the impending respiratory arrest patient.



Note Well: EMT-I and EMT-P should use ET intubation.



II. Advanced Life Support Providers

1. If the patient continues to experience significant respiratory distress and shows no improvement from initial nebulizer treatment:

- A. Attach EKG and interpret rhythm.
- B. Administer a third 2.5 mg Albuterol Sulfate via nebulizer. Reassess patient.
- C. Establish an IV of normal saline KVO or a saline lock



III. Transport Decision

1. Transport to the closest appropriate open facility



Note Well: Do not delay transport to complete albuterol treatment

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IV. The Following Options are Available by Medical Control Only

1. Additional doses of Albuterol Sulfate 2.5 mg via nebulizer if bronchoconstriction persist.
2. Brethine (terbutaline) 0.25 mg SQ.



Note Well: *There must be a 20 minute delay prior to administering brethine if SQ epinephrine has previously been administered*

3. Epinephrine 1:1,000 0.3 mg via auto-injector IM or pre-fill SQ



Note Well: *There must be a 20 minute delay prior to administering a second SQ epinephrine from first SQ epinephrine administration.*



Note Well: *Not indicated for patients over the age of 50 and patients with a cardiac history*

4. Methylprednisolone (solumedrol) 125 mg slow IVP.

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- Note Well:**
1. *Remember to reinstate appropriate oxygen therapy after albuterol therapy*
 2. *On occasion severe asthma or COPD can be hard to differentiate from pulmonary edema with broncho spasm (“cardiac asthma”). Past medical history, including medications, and careful attention to physical findings may help to determine underlying etiology of the broncho spasm. If any question, contact Medical Control for further advise an/or orders.*
 3. *This protocol is written for the adult patient. For patients under 12 years of age, refer to the appropriate Pediatric Protocol and/or contact Medical Control prior to administering the albuterol therapy.*